

Los Rios Community College District

Bus Travel Request Sacramento City College

Reservation Number : _____

Coach / Instructor*: _____ Cell Phone: _____

(*Each charter must have a designated contact with a cell phone to coordinate with driver.)

Class/Activity: _____ Depart Date/Time: _____

Bus Size: 33 47 57 Number of Passengers: _____ Specify Audio/Video needs: _____

Specify type of equipment/luggage: _____ Specify ADA needs (if applicable): _____

Boarding Location: _____

Destination: _____
(include address)

(City)

Overnight: Y / N (If checked 'Y' complete Section A., if checked 'N' continue to Section C.)

Please attach detailed itinerary for all trips.

Section A.

Room Accommodation Information (if applicable): _____

Departure Date (If different from above): _____ Departure Time: _____ AM/PM

2nd Destination (if applicable): _____
(include address)

(City)

Overnight: Y / N (If checked 'Y' complete Section B., if checked 'N' continue to Section C.)

Section B.

Room Accommodation Information (if applicable): _____

Departure Date: _____ Departure Time: _____ AM/PM

3rd Destination (if applicable): _____
(include address)

(City)

Section C.

Return drop off location: _____ Time: _____ AM/PM

FILL OUT AND RETURN TO OPERATIONS OFFICE WHEN TRIP IS COMPLETE:

Trip Completed as Planned: Y N *If No, explain on reverse.* Return time: _____

Coach/Instructor _____ Campus Approval: _____ Pre-planned Trip: Y N
Signature / Date Authorized Dean / Date

VP Approval if not pre-planned: _____

Total Cost Quoted without overtime or additional accumulated fees: _____ Bus Scheduler/Date: _____

Verification of receipt of cost estimate and approval of expenditure. Authorized Purchasers only:

Signature: _____ Date: _____ Bill to PO # _____

Changes: Please email or fax form to Amy Virdure phone: 558-2304 Fax : 558-2500

SCC Revised 3/5/14